Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

H 05261.1151 10

CLAIMS AS FILED - PART I					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			U 22					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		* 2			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					* 1			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							<u>)</u>	SMALL E	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM			+140=		OR	+280=	
		•						TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3	3)	ADDIT. FEE			AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	IT OL A 18 4	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	II CLAIM			+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			umn 2)	(Column 3	3)					
AMENDMENT C	, ,	CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-		X42=		OR	X84=	
إلاً	FIRST PRESE	ENTATION OF N	IULTIPLE DE	PENDE	NT CLAIN	1		1140		1	+280=	
	If the entry in colu	ımn 1 is less than	the entry in col	umn 2, wr	ite "0" in c	olumn 3.		+140=		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											L	

NOTICE OF FEE DUE

DATE: 0/-22-02 TO: 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PTO
FROM: Office of Initial Patent Examin	ation	704591
SUBJECT: Fee Due	- 	1010 1010
APPLICATION NUMBER: 10045	918	
A fee is due for the attached document subroffice for the following reason. Please che authorization to charge a deposit account. I charge the appropriate fee. If an authorization the fee deficiency.	ck the application of the contraction of the contra	on for the appropriate on is present, please
☐ Insufficient fee by check		
Insufficient funds in deposit account		
Declined credit card		
☐ Non authorization for charge to deposit	account	-
☐ No fee submitted per requirement		
,	۰,	
The correct fee code: $\frac{ o }{ o ^2 \cdot o ^3}$	amount	\$ 1022.
The suspended fee code: 197	amount	- \$
Fee Due	amount	=\$
If you have any questions, please contact Cy Eleanor Kurtz at 703-308-3642.	nthia Streater a	t 703-306-5430 or

Terminal Operator __